19800011033 TRANSMITTAL LETTER

DIVISION TARY OF STATE CORPORATIONS

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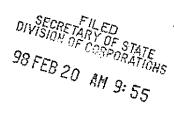
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

300002436313--4 -02/20/98--01060--006 ****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **2**\$122.50 \$131.25 \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED 7922 W 15 CT Address HILD, F. 33014. 305 - 8264284

Daytime Telephone number

SUBJECT: CONDEN OF ROSES Elder / Fracilety INC.
(Proposed corporate name - must include suffix)



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be:
CARDEN OF PROSES Elderly FACILITY INC.
,
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
7922 W. 15 cf
Hislesh-FL 33014
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ONE Shares OF Common Stock At
\$1.00 PAR VALUE
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
1901 AND 1906 FOR 1908 FI 33012.
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
2000FO KODNIGUEZ. 1922 W 15 Ct
7922 W 15 CF
Q 11/1 7 7 7 7 7 7 7 1/4
- Histers-FL 33214 2/11/57.
Signature/Incorporator / Date /
(A. A. A

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this

certificate, I hereby accept the appointment as registered agent and agree t	o act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and complete performance	ce of my duties, and I am familiar with and accept th
obligations of my position as registered agent	
	2/11/97
Signature/Registered Agent	Date